

**NaviNet Input on ONC Interoperability Roadmap**

**Prioritization of Use Cases**

Criteria for Priority: Make VBR contracts successful so all participants recognize the economic incentive to invest in more interoperability

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**Use Case**

**In numerical order within priority**

**Prioritization**

		Helps Providers at VBR			Helps Payers at VBR		Helps Patients
		Payment	Care Coord.	Pop Health	Payment & Metrics	Care Mgmt	Access Health Data
<b>High Priority</b>							
9	Providers should be alerted or have access to notifications that their attributed patients have had an ER visit, or an admission to or discharge from a hospital.		X			X	
10	Quality measures are based on complete patient data across multiple sources.			X	X		
24	Benefits communication needs to be standardized and made available on all plans through HIT to providers and patients as they make health and healthcare decisions, in a workflow convenient to the decision-making process.	X			X		
25	Payer/purchaser requirements for payment, such as prior authorization, are clear to the provider at time of order and transacted electronically and timely to support efficient care delivery.	X			X		
31	Payers use integrated data from clinical and administrative sources to determine reimbursement in support of payment reform				X		
39	Primary care providers share a basic set of patient information with specialists during referrals; specialists “close the information loop” by sending updated basic information back to the primary care provider	X	X				
53	Payers review clinical documentation for payment purposes				X		
<b>Medium Priority</b>							
3	The status of transitions of care should be available to sending and receiving providers to enable effective transitions and closure of all referral loops.		X				

6	Providers and their support staff should be able to track all orders, including those leaving their own organization and EHR, to completion.	X		
17	Patients receive alerts and reminders for preventive screenings, care and medication regimens in a manner convenient to and configurable by the patient		X	X
18	Patients have the ability to access their holistic longitudinal health record when and where needed.			X
22	Those who pay for care use standardized transactions and interoperability to acquire data needed to justify payment		X	
23	Payers should be able to receive notification automatically though the health IT system when a beneficiary is admitted to the hospital.			X
29	Query-based exchange should support impromptu patient visits in all settings.	X		
40	Hospitals automatically send an electronic notification and care summary to primary care providers when their patients are discharged	X		
42	Providers can query or access case management information about patients' care in outside organizations	X		X
54	Payers review clinical documentation for approval of services (prior authorization)		X	
<b>Lower Priority</b>				
4	Federal, State, provider and consumer use of standardized and interoperable patient assessment data to facilitate coordinated care and improved outcomes.	X		
5	Population health measurement is supported at the community level and includes data from all relevant sources on each patient in the population and is accessible to providers and other stakeholders focused on improving health.		X	
7	Individuals integrate data from their health records into mobile apps and tools that enable them to better set and meet their own health goals.			X
12	Providers are able to access x-rays and other images in addition to the reports on patients they are treating, regardless of where the films were taken or housed.	X		

14	Patients routinely engage in healthcare encounters using electronic communications such as eVisits and telemedicine.				X
19	Patients audit their medical records, providing amendments and corrections and supplying missing data such as health outcomes.				X
20	Patients, families and caregivers are able to use their personal devices such as smartphones, home BP cuffs, glucometers and scales to routinely contribute data to their longitudinal health records and use it or make it available to providers to support decision-making.				X
21	Patients have access to and can conveniently manage all relevant consents to access or use their data.				X
28	All health IT should provide access and support for disabled users including patients and providers.				X
33	Providers have the ability to query data from other sources in support of care coordination (patient generated, other providers, etc.) regardless of geography or what network it resides in	X			
35	Individuals have electronic access to an aggregated view of their health information including their immunization history				X
36	Individuals integrate data from their health records into apps and tools that enable them to better set and meet their own health goals				X
37	Individuals regularly contribute information to their electronic health records for use by members of their care team				X
38	Provider systems electronically track and report high-value measures in support of payment reform and delivery		X		
41	Providers and patients receive electronic laboratory results from laboratory information systems (LISs) inside and outside their organization	X			
43	System users have access to provider directory information that is developed to support healthcare communications as well as other use cases	X			
47	Disaster relief medical staff members have access to necessary and relevant health information so that they may provide appropriate care to individuals during an emergency	X			
48	Patients routinely engage in mental health risk assessments using electronic communications such as eVisits and telemedicine				X

49	Emergency medical providers have the ability to query data from other sources while managing chronically ill patients after a disaster regardless of geography or what network the data resides in				
52	At-risk patients engage in healthcare monitoring programs which can detect life threatening situations (such as patient down and unresponsive) using at-home monitoring devices and electronic communications such as eVisits and telemedicine				X
56	Individuals exercise their choice for consent and consent management policies and procedures are in place to enable the private and secure electronic exchange of behavioral health data.				X
1	Public health agencies routinely use data derived from standards -based connections with HIEs and EHRs and uses it to plan investments in public health activities.				
2	Clinical settings and public health are connected through bi-directional interfaces that enable seamless reporting to public health departments and seamless feedback and decision support from public health to clinical providers.				
8	CEHRT should be required to provide standardized data export and import capabilities to enable providers to change software vendors.				
11	Narrative components of the medical record are preserved for provider and patient use and augmented with metadata to enable effective storage, routing and searching for these documents.				
13	Providers and patients have access to genomics testing and data which, when combined with clinical information about patient goals allows the personalization of care and therapies.				
15	Researchers are able to use de-identified clinical and claims data from multiple sources with robust identity integrity.				
16	Patients are routinely offered participation in clinical trials that are relevant to their particular needs and situation.				
26	All providers in a care team will have unique access, authorization and auditing functionality from health IT systems necessary to fulfill their role on the care team.				
27	Data for disease surveillance, immunization tracking and other public health reporting are exchanged automatically.				
30	Community systems electronically track and report shared risk pool data measures in support of payment reform and delivery				

32	Individuals are identified to participate in research opportunities through health data interoperability			
34	Providers use genomic data to achieve personalized care			
44	Providers have ability to access information in PDMP systems before prescribing narcotics to patients			
45	Care providers have electronic access to the information they need for the detection of domestic violence or child abuse			
46	Authorized individuals have access to audit logs to ensure appropriate use			
50	Population health measurement is supported at the community level and includes data from all relevant sources on each patient in the population (including information on births, deaths and occupational health hazards) and is accessible to providers and other population health stakeholders			
51	Population health measurement is supported at the community level and includes statistical data on smoking cessation programs, new patient medical visits and trauma related incidents in a particular area			
55	SSA includes functional criteria in some of the Listings of Impairments (the "Listings") to provide an administrative expediency to screen adult disability claimants who are unable to do any gainful activity without consideration of age, education, and work experience. For claimants who do not meet the criteria in the Listings, SSA uses their functional data to perform residual functional capacity assessment to determine their ability to do work.			